

### REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.  2 6 JUN 2003 International Filing Date  2 6. 06. 2003							
International Application No.							
2 6 JUN 2003							
International Filing Date 2 U. UO. 2003							
EUROPEAN PATENT OFFICE PCT INTERNATIONAL APPLICATION Name of receiving Office and "PCT International Application"							

Applicant's or agent's file reference (if desired) (12 characters maximum) 28053P WO TITLE OF INVENTION Box No. I Camptothecin-Carboxylate formulations This person is also inventor APPLICANT Box No. II Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. Facsimile No. Munich Biotech AG Forstenriederstr. 10 Teleprinter No. 82061 Neuried Applicant's registration No. with the Office DE State (that is, country) of residence: State (that is, country) of nationality: DE DE the States indicated in the Supplemental Box the United States
of America only all designated States all designated States except the United States of America This person is applicant for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Box No. III Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only HAAS Heinrich applicant and inventor Einsteinstr. 104 inventor only (If this check-box is marked, do not fill in below.) 81675 München DE Applicant's registration No. with the Office State (that is, country) of residence: State (that is, country) of nationality: DF DE the States indicated in the Supplemental Box the United States all designated States except the United States of America This person is applicant all designated of America only for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet. AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE Box No. IV common representative The person identified below is hereby/has been appointed to act on behalf agent X of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation.

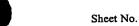
The address must include postal code and name of country.) Telephone No. 089/455 63-0 WEICKMANN & WEICKMANN Facsimile No. 089/455 63-999 Postfach 860 820 81635 München Teleprinter No. DF: Agent's registration No. with the Office Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

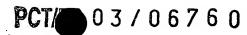


A	
1	
•	



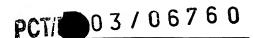
Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)						
If none of the following sub-boxes is used, this sheet should not	be included in the req	ruest.				
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence is SCHULZE Brita  Dainingsbachweg 10 1/2  82432 Walchensee  DE	This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office					
State (that is, country) of nationality: DE	State (that is, country) DE	of residence:				
This person is applicant all designated all designated		the United States the States indicated in the Supplemental Box				
Name and address: (Family name followed by given name; for a legal entil The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence MICHAELIS Uwe Halderstr. 19 82362 Weilheim DE	e acaress traicatea it inis e is indicated below.)	This person is:  applicant only  applicant and inventor inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office				
State (that is, country) of nationality: DE	State (that is, country DE	) of residence:				
This person is applicant all designated all designated for the purposes of:	d States except ates of America	the United States of America only the States indicated in the Supplemental Box				
Name and address: (Family name followed by given name; for a legal entitude postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence and the state of the Box is the applicant's State (that is, country) of residence if no State of residence and the applicant is the applicant of the Box is t	ie aaaress inaicaieu in iiis	This person is:  applicant only  applicant and inventor inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office				
State (that is, country) of nationality: DE	State (that is, country	y) of residence:				
This person is applicant all designated all designate	d States except tates of America	the United States of America only the States indicated in the Supplemental Box				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  SAUER Birgitta Windeckstr. 89 81375 München DE  This person is:  applicant only  inventor inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office						
State (that is, country) of nationality: DE	State (that is, country DE					
This person is applicant all designated for the purposes of:	ed States except states of America	the United States of America only the States indicated in the Supplemental Box				
Further applicants and/or (further) inventors are indicated on another continuation sheet.						





Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)  If none of the following sub-boxes is used, this sheet should not be included in the request.							
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence FICHERT Thomas Elisenstr. 16 82152 Krailling DE	This person is:  applicant only  applicant and inventor inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office						
State (that is, country) of nationality: DE	State (that is, country,						
This person is applicant all designated for the purposes of:  all designated the United States		the United States of America only the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name; for a legal entity. The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence.	e aaaress inaicaiea in inis	This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office					
State (that is, country) of nationality:	State (that is, country	of residence:					
This person is applicant for the purposes of:  all designated the United States	States except ates of America	the United States of America only the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of th Box is the applicant's State (that is, country) of residence if no State of residence	This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office						
State (that is, country) of nationality:	State (that is, country	y) of residence:					
This person is applicant all designated all designated for the purposes of:	d States except lates of America	the United States of America only the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name; for a legal entity, full official designation.  The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office							
State (that is, country) of nationality:	y) of residence:						
This person is applicant all designated for the purposes of:  all designated the United S	d States except tates of America	the United States of America only the States indicated in the Supplemental Box					
Further applicants and/or (further) inventors are indicated on another continuation sheet.							





Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The	e follo	owing designations are hereby made u	ınde	r Ru	de 4.9(a):					
Re	gion	al Patent								
X	AP	ARIPO Patent: GH Ghana, GM SL Sierra Leone, SZ Swaziland, TZ State which is a Contracting State of specify on dotted line)	Uni of th	ited in the interior in the in	Republic of Tanzania, UG Uganda, 2 Iarare Protocol and of the PCT (if other.)	LM her	Zan kind	hbia, ZW Zimbabwe, and any other dof protection or treatment desired,		
		Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT								
X		European Patent: AT Austria, BE I Republic, DE Germany, DK Denma IE Ireland, IT Italy, LU Luxembour, TR Turkey, and any other State which	ark, rg, N ch is	EE MC s a C	Estonia, ES Spain, FI Finland, FR I Monaco, NL Netherlands, PT Portug Contracting State of the European Pa	Fran gal, iteni	nce, SE t Co	GB United Kingdom, GR Greece, Sweden, SI Slovenia, SK Slovakia, invention and of the PCT		
X		OAPI Patent: BF Burkina Faso, B. GA Gabon, GN Guinea, GQ Equate TD Chad, TG Togo, and any other S of protection or treatment desired, sp.	BJ B coria State pecif	enin 1 Gu e wh	n, CF Central African Republic, CG uinea, GW Guinea-Bissau, ML Mali uich is a member State of OAPI and a dotted line)	Coa i, M	ngo. IR N intra	, CI Côte d'Ivoire, CM Cameroon, Mauritania, NE Niger, SN Senegal, acting State of the PCT (if other kind		
		al Patent (if other kind of protection								
X	AE	United Arab Emirates	XI (	GM	Gambia			New Zealand		
X	AG	Antigua and Barbuda		HR	Croatia	X	OM	I Oman		
X	AL	Albania		HU	Hungary	X	PH	Philippines		
	AM	Armenia		m	Indonesia	X	PL	Poland		
M	AT	Austria		${f L}$	Israel	X	PT	Portugal		
X	ΑU	Australia		IN	India	M	RO	Romania .		
X	AZ	Azerbaijan		IS	Iceland	X	RU	Russian Federation		
X	BA	Bosnia and Herzegovina	<b>X</b> .	JP	Japan	_				
X	BB	Barbados		ΚE	Kenya	M	SC	Seychelles		
X	BG	Bulgaria	X	KG	Kyrgyzstan	X	SD	Sudan		
X	BR	Brazil	X	KР	Democratic People's Republic	M	SE	Sweden		
N/I	DV	Delogue			of Korea	X	SG	Singapore		
X	ΒZ	Belize	X :	KR	Republic of Korea	X	SK	Slovakia		
X	CA	Canada	M	ΚZ	Kazakhstan	Į,X,	SL	Sierra Leone		
X	CH .	& LI Switzerland and Liechtenstein	X	LC	Saint Lucia	X	TJ	Tajikistan		
		China						1 Turkmenistan		
X	CO	Colombia	X	LR	Liberia			Tunisia		
X	CR	Costa Rica	X	LS				Turkey		
X	CU	Cuba	X	LT	Lithuania	X	TT	Trinidad and Tobago		
X	CZ	Czech Republic	X	LU	Luxembourg	_				
Ø	DE	Germany	X	LV	Latvia			United Republic of Tanzania		
X	DK	Denmark		MA	Morocco			Ukraine		
X	DM	Dominica	X	MD	Republic of Moldova	X	UC	Uganda		
X	DZ	Algeria				X	US	United States of America		
X	EC	Fcuador	X	MG	Madagascar					
X	EE	Estonia	X	MK	The former Yugoslav Republic of	X	U2	Uzbekistan		
		Spain			Macedonia	X	VC	Saint Vincent and the Grenadines		
X	FI	Finland	X	MN	l Mongolia	X	V	Viet Nam		
		United Kingdom	X	MV	VMalawi	X	YU	J Yugoslavia		
	CD	Grenada	X	ΜX	Mexico	X	ZA	South Africa		
X	GE	Georgia	X	ΜZ	Z Mozambique		ZN	/I Zambia		
		Ghana				X	ZV	V Zimbabwe		
			C		high house become and to the Born	<sub>э</sub> А ~	r in-	nance of this sheet		
Ch	Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:  N! Nicaragua SY Syrian Arab Republic									
K	. 'iii	Nical 4944		. <b>5.</b> Y	. Bith definition of the state	1	 I			
لكبا	٠,٢.٠	a Papua New Guinea	<u> </u>					ant also makes under Rule 4.9(b) all		
			200		Landa docionationa mada about the			ant also makes linder Kille 4.9(b) all		

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)



Sheet No. ...5..

	S	heet No					
Box No. VI PRIORITY							
The priority of the following	earlier application(s) is here			:			
Filing date of earlier application (day/month/year)	Number of earlier application	national application: country or Member of WTO	vhere earlier application regional application:* regional Office	international application: receiving Office			
item (1) June 26, 2002 <b>(26, 06, 02</b> )	60/391,244	US					
item (2) June 26, 2002	60/391,246	us					
item (3) August 23, 2002 (2 3, 08, 02)	02 018 907.2		EP				
item (4)							
item (5)							
Further priority claims  The receiving Office is requ	are indicated in the Supplen	nental Box.					
all items item (1) item (2) item (3) item (4) item (5) Supplemental Box  * Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):  Box No. VII INTERNATIONAL SEARCHING AUTHORITY  Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):  ISA /  Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):  Date (day/month/year)  Number  Country (or regional Office)							
Box No. VIII DECLAR.	ATIONS						
The following declaration check-boxes below and ind	ns are contained in Boxes Nicate in the right column the	os. VIII (i) to (v) (mark th number of each type of dec	e applicable laration):	Number of declarations			
Box No. VIII (i)	Declaration as to the ide	entity of the inventor		:			
Box No. VIII (ii)	Declaration as to the ap date, to apply for and b	oplicant's entitlement, as a be granted a patent	t the international filing	:			
Box No. VIII (iii)	Declaration as to the a date, to claim the prior	pplicant's entitlement, as rity of the earlier applicati	at the international filing on	; <del>-</del> :			
Box No. VIII (iv)	Declaration of inventor United States of Ameri	rship (only for the purpose ica)	s of the designation of th	e :			
Boy No VIII (v)	Declaration as to non-	prejudicial disclosures or e	exceptions to lack of nove	elty :			





PCT/EP 3 / 0 6 7 6 0

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

#### "ADDITIONAL REPRESENTATIVES"

Names

Dipl.-Ing. Dipl.-Chem. Dr.-Ing.

Dipl.-Phys. Dr. Dipl.-Chem. Dr. Dipl.-Chem. Dr.

Dipl.-Phys. Dr. Dipl.-Phys. Dr.

Dipl.-Phys. Dr.-Ing.

Dipl.-Chem. Dr.

Franz Albert Weickmann

Bernhard Huber Horst Liska Jörg Prechtel

Brigitte Böhm Wolfgang Weiß

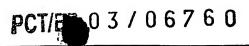
Johannes Tiesmeyer

Markus Herzog

Bernhard Ruttensperger

Volker Jordan Michael Dey





Box No. IX CHECK LIST; LANGUAGE OF FILING							
This international application cor		This int	ternational application is accompanied by the following (mark the applicable check-boxes below and indicate in		Number of items		
(a) in paper form, the following sheets:	g number of	right co	(mark the applicable check-boxes below and indicate in lumn the number of each item):				
request (including	. 7	_	fee calculation sheet	:	: 1		
declaration sheets)	: ' 1		original separate power of attorney	:	: 3		
description (excluding sequence listings and/or	25		original general power of attorney	;	•		
tables related thereto)	: 65	4. □	copy of general power of attorney; reference number, if any:		<b>:</b>		
claims	: 3	5. 🗆		;	:		
abstract	: 1	6.	priority document(s) identified in Box No. VI as				
drawings	: <u>14</u>	~ –	item(s):		:		
Sub-total number of sheets sequence listings	: 90	7. 🗆	translation of international application into (language):		:		
tables related thereto	: !	8. 🗆	separate indications concerning deposited microorgani		-		
(for both, actual number of sheets if filed in paper form,	!	^ 🗀	or other biological material		:		
whether or not also filed in computer readable form;	1	9. 🗀	(indicate type and number of carriers)				
see (c) below)		(i)	copy submitted for the purposes of international sea Rule 13ter only (and not as part of the international	rch under	•		
Total number of sheets	: 90	(ii)	(only where check-box (b)(i) or (c)(i) is marked in left additional copies including, where applicable, the c		•		
(b) only in computer readal (Section 801(a)(i))	ble form		additional copies including, where applicable, the copurposes of international search under Rule 13ter	opy for the	:		
(i) sequence listings	!	(iii)	together with relevant statement as to the identity of copies with the sequence listings mentioned in left of	the copy or			
(ii) tables related thereto		10.	tables in computer readable form related to sequence lis		i		
(c) also in computer readalt (Section 801(a)(ii))	le form		(indicate type and number of carriers)				
(i) sequence listings	!	(i)	copy submitted for the purposes of international sea Section 802(b-quater) only (and not as part of the in	irch under iternational			
(ii) tables related thereto			application)	;	:		
Type and number of carriers CD-ROM, CD-R or other) on contained the	(diskette, which are	(ii)	only where check-box (b)(ii) or (c)(ii) is marked in left additional copies including, where applicable, the c purposes of international search under Section 802(	opy for the	:		
sequence listings:	!	(iii)	I together with relevant statement as to the identity of		-		
tables related thereto:		١,, ۾	copies with the tables mentioned in left column				
(additional copies to be indica items 9(ii) and/or 10(ii), in rig		11. ш	other (specify):	• • • • • • • • • • • • • • • • • • • •			
Figure of the drawings which		Langua	age of filing of the				
should accompany the abstract:		internat	ional application:				
Box No. X SIGNATURE O Next to each signature, indicate the nam	F APPLICANT ne of the person sig	Γ, AGEN ning and th	T OR COMMON REPRESENTATIVE e capacity in which the person signs (if such capacity is not obvious )	from reading the	e request).		
Name of the state	v vy		o department of the second				
		10	r n/				
			1/1				
Dr. \	W. WefB	$\mathcal{V}_{i}$	✓				
<i>₽</i> 1. 3	A. Aceid		1				
<u> </u>							
		— For 1	ecceiving Office use only				
Date of actual receipt of the p international application:	surported		(2 6. 06. 03) 2 6 JUN 2003	2. Drawing receiv			
3. Corrected date of actual receipt due to later but timely received papers or drawings completing							
the purported international ap	plication:			<del>г-</del>			
Date of timely receipt of the recorrections under PCT Article	required e 11(2):			not rec	ceived:		
5. International Searching Author (if two or more are competent			6. Transmittal of search copy delayed until search fee is paid				
		For Inte	ernational Bureau use only				
		, I'V:	illational Direct use only				
Date of receipt of the record copy by the International Bureau:							

# This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

BLACK BORDERS

IMAGE CUT OFF AT TOP, BOTTOM OR SIDES

FADED TEXT OR DRAWING

BLURRED OR ILLEGIBLE TEXT OR DRAWING

SKEWED/SLANTED IMAGES

COLOR OR BLACK AND WHITE PHOTOGRAPHS

GRAY SCALE DOCUMENTS

LINES OR MARKS ON ORIGINAL DOCUMENT

REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY

## IMAGES ARE BEST AVAILABLE COPY.

OTHER:

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.